

700 GENERAL MAJOR OBJECTIVES

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701 Administrative Hearings

Philosophy

The goal and purpose of the Administrative Hearing process is to provide an avenue for an alleged perpetrator to challenge the conclusion of the Child and Family Services worker who has made a supported finding of one of the non-severe types of child abuse or neglect. This opportunity is provided through an informal hearing before an administrative law judge. This process is distinct from that used when a finding of severe abuse or neglect is challenged.

701.1 Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect

Major objectives:

Child and Family Services will advise individuals of their hearing rights and assist them with the administrative hearing process.

Applicable Law

Utah Code Ann. [§62A-4a-1009](#). Notice and opportunity to challenge supported finding in Management Information System – Right of judicial review.

Practice Guidelines

- A. Hearing opportunity: When a Child and Family Services worker makes a supported finding of non-severe abuse or neglect, the alleged perpetrator will be informed of their right to challenge that finding before an administrative law judge. The alleged perpetrator has responsibility to request the hearing from the Department of Human Services, Office of Administrative Hearings.
- B. Request for and Review of Documents: An alleged perpetrator has the right to review documents related to the finding made by Child and Family Services prior to a hearing. The documents will be provided only when a proper request is made using processes established under the Government Records Access and Management Act (GRAMA). All documents relevant to the worker's finding, which can be released to the alleged perpetrator under GRAMA, will be prepared and released sufficiently in advance of the hearing to allow the alleged perpetrator to prepare for the hearing. The Child and Family Services worker making the supported finding and his or her supervisor will assist in the process of compiling and preparing the documents for release.

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- C. Internal Review of Findings: Upon receiving notice that a hearing has been requested, the worker making the supported finding will review the case with his or her supervisor or other person within their region designated to review such findings. If the Child and Family Services worker believes upon reviewing the case that the supported finding was reached in error, the worker will ask that the record be changed prior to the hearing.
- D. Worker participation and Administrative support: The Child and Family Services worker who made the original finding will appear at a hearing to provide testimony and information to the administrative law judge and the alleged perpetrator as appropriate. A supervisor or administrator will appear with each worker at every hearing.
- E. Appeal of the administrative law judge decision: If after a hearing the Child and Family Services worker believes the administrative law judge reached an incorrect conclusion, the worker, through their supervisor will request an appeal to the juvenile court. This request must be communicated to the Office of the Attorney General, Child Protection Division within 10 days of the date the administrative law judge signs the final order overturning the Child and Family Services worker's finding.
- F. Effect of court proceedings: If the same allegations that underlie the Child and Family Services worker's conclusions have already been adjudicated in a juvenile, district, or justice court, and the alleged perpetrator has been found to be responsible for acts that constitute abuse, neglect, or dependency, Child and Family Services will not provide a hearing to the alleged perpetrator. When these circumstances exist the Child and Family Services worker and his or her supervisor, through an Assistant Attorney General will request that the Office of Administrative Hearings dismiss the hearing request. The Child and Family Services worker will nevertheless appear at a hearing scheduled by the administrative law judge unless the case is dismissed by the Office of Administrative Hearings.
- G. Stay of Office of Administrative Hearings proceedings: When a district, juvenile, or justice court is considering allegations relating to abuse, neglect, or dependency against a person who is the subject of a supported finding, and that person has requested a hearing before an administrative law judge, Child and Family Services may request a "stay" in the Office of Administrative Hearings proceedings. This does not limit the alleged perpetrator's rights and allows for the Office of Administrative Hearings to consider the Child and Family Services worker's finding at a later time. Child and Family Services will not ask for a stay in the Office of Administrative Hearings proceeding unless there is a court case

underway at the time the request for hearing is made. Once a decision is made by a court, the Child and Family Services worker will ask to have the stay lifted and to have the case move forward. Where appropriate, Child and Family Services will use the findings made by the court to prove the accuracy of the Child and Family Services worker's finding.

- H. Standard for proving supported finding was appropriate: By statute, the standard to be applied by the administrative law judge in reviewing the Child and Family Services worker's conclusion is the same as that which is applied by the worker when reaching a conclusion. That is, whether there is a reasonable basis to conclude that abuse, neglect, or dependency occurred based on the evidence known to or available to the Child and Family Services worker at the time of the original finding.

- I. The administrative law judge is required to make a separate finding regarding every allegation of non-severe abuse, neglect, or dependency that the alleged perpetrator challenges. Allegations of severe abuse will not be heard before an administrative law judge. Allegations of non-severe abuse or neglect may be heard together with allegations of severe abuse in the juvenile court.

- J. If the case is appealed to juvenile court, the court will apply the same standard as applied by the administrative law judge.

- K. Whenever a worker receives a decision from the Office of Administrative Hearings they should determine whether it has also been sent to the Child and Family Services Administrative Hearing Tracker. If it has not they must forward a copy to the tracker. The tracker will ensure that the changes to the information system are made if the decision has been overturned.

- L. Once a decision is made the worker should enter the information into the SAFE system under the Hearings tab. If the decision changes the finding originally entered in SAFE the Administrative Hearing Tracker will be responsible for ensuring the change is made.

- M. Child and Family Services workers should be aware that the Office of Administrative Hearings might dismiss a hearing request on certain allegations but not on all allegations. This might happen when some of the claims but not others have been decided by a court.

- N. A stay in administrative proceedings should only be asked for or agreed to when there is a court proceeding underway at the time the request for a hearing or a

148 stay of hearing is made. Child and Family Services workers should ask for a stay
149 only when the court proceeding that is underway involves Child and Family
150 Services as a party. There is no requirement for Child and Family Services to stay
151 its proceedings while a criminal or delinquency proceeding moves forward.
152

702 Child And Family Services Employees As Out-Of-Home Caregivers

Major objectives:

Child and Family Services employees may be licensed to provide out-of-home care for the Division. Placement of a child with a Child and Family Services employee must be in the best interest of the child. Child and Family Services staff will not receive preferential consideration for placements.

Applicable Law

Administrative Rule [R501-12-6](#). Foster and Proctor Parent Requirements.

Practice Guidelines

- A. A Child and Family Services employee wanting to apply to be an out-of-home caregiver must:
1. Receive approval from the region director of the region in which the worker is employed.
 2. Any conflict of interest matters must be addressed prior to approval of the waiver.
 3. Submit a completed waiver request form to the Office of Licensing.
 4. The case will be staffed in another Child and Family Services region for approval or denial of placement.
 5. If the Office of Licensing denies the waiver, an appeal process is available through the Department of Human Services Deputy Director and/or the Office of Administrative Hearings.

703 Interstate Compact On Placement Of Children

Major objectives:

Child and Family Services will adhere to the Interstate Compact on Placement of Children (ICPC). Children/youth in state custody who are placed out of state will receive comparable quality of services from Child and Family Services as a child/youth who is placed in state.

Applicable Law

Utah Code Ann. [§62-4a-701](#). Interstate Compact on Placement of Children -- Text.

Utah Code Ann. [§62-4a-702](#). Financial responsibility.

Utah Code Ann. [§62-4a-703](#). Division as public authority.

Utah Code Ann. [§62-4a-704](#). Director as authority.

Utah Code Ann. [§62-4a-705](#). Fulfillment of requirements.

Utah Code Ann. [§62-4a-706](#). Jurisdiction over delinquent children.

Utah Code Ann. [§62-4a-707](#). Executive -- Authority.

Utah Code Ann. [§62-4a-708](#). Existing authority for child placement continues.

Utah Code Ann. [§62-4a-709](#). Medical assistance identification.

703.1 Placement Of Foster Child Outside Of Utah – Interstate Placement

A. Practice Model applicability. Practice Model principles and case requirements for a foster or prospective adoptive child placed out of state are the same as for a child placed in Utah. Additional effort will be required to ensure that care and services received out of state are satisfactory for the child and to help the child achieve timely permanency. The Utah caseworker is responsible to maintain close contact with the child and family throughout the ICPC placement to ensure well-being (court jurisdiction maintained).

B. ICPC request for out-of-state placement. State law requires that the ICPC process must be completed before a child may be placed out of state. These steps are located in SAFE and are also listed in the ICPC state website at <http://www.hsdcs.utah.gov/icpc.htm>.

1. ICPC Forms – Available in SAFE or on the website at <http://dcfs.utah.gov/services/icpc/>, or see the ICPC Guidebook for help in completing forms.

a. 100A Interstate Compact Placement Request.

b. 100B Interstate Compact Report on Child's Placement Status.

c. Medical and Financial Plan.

d. Form 101 Sending State Priority Home Study Request.

e. Mandatory Court Language form ICPC3 (Regulation No. 7).

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- 220 2. Financial responsibility will always be primarily Utah's responsibility until
221 the courts have terminated jurisdiction and the PSS/SCF case is closed,
222 even if the family is supporting the child's needs in the other state. The
223 financial and medical plan should be clearly outlined by the Utah
224 caseworker on the Financial/Medical Plan form found in SAFE (Form
225 ICPC4).
- 226 3. Placement cannot be made in the Receiving State (RS) until the Utah ICPC
227 has received approval. All correspondence, prior to placement, must go
228 through the ICPC channels.
229
- 230 C. Approval of placement requires the following:
- 231 1. Receipt of the RS' home study with a recommendation of placement from
232 the Utah ICPC.
- 233 2. Form 100A that has been signed by the RS' ICPC approving placement.
- 234 3. Documented completion of background checks necessary for the
235 requested home study.
- 236 4. Approval must come from a designated ICPC person who has been given
237 authority to act in this role.
238
- 239 D. Regulation No. 7, Priority Placement of a child (often referred to as Expedited)
240 requires the RS to complete the home study within 30 days.
- 241 1. Regulation No 7 is appropriate when the following criteria are met:
- 242 a. A child is under the age of two years; or
- 243 b. A child is in an emergency shelter; or
- 244 c. A child has spent a substantial amount of time in the home of the
245 parent or relative who is being proposed for placement.
- 246 2. A judge must order a Regulation No. 7 to be conducted, a copy of an
247 acceptable order can be found in SAFE ICPC3. This order must be signed
248 by the judge and submitted to the ICPC office along with the Sending State
249 Priority Home Study Request Form 101, also found in SAFE.
- 250 3. The court will send its order to the Child and Family Services caseworker
251 within two business days. The Child and Family Services caseworker then
252 has three business days to send the ICPC packet to the designated ICPC
253 person. The ICPC person has two business days after receipt to forward
254 the packet to the RS. Overnight mail will be required to meet priority
255 deadlines.
- 256 4. Priority Placement of a child, Regulation No. 7 will not apply to any case
257 that is for licensed or approved foster family care or adoption.
- 258 5. Priority Placement of a child, Regulation No. 7 will not apply if the child is
259 already in the RS in violation of ICPC.
260

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- E. Consideration of placement of a child, out of state, with a biological parent requires you to follow ICPC process. The only time this would not be necessary is if the judge gives custody directly to the parent and Child and Family Services jurisdiction is terminated.
- F. A separate 100A must be submitted to the Utah ICPC office for each type of home study or placement requested. For example:
1. A child is placed with a relative and they either want to become a licensed foster home or adopt the child. In either of these cases a new 100A and ICPC request must be made.
 2. A child is placed in a licensed foster home and they want to change to adoption, so a new 100A and ICPC request must be made.
 3. A child must be legally free to make an adoption request, and TPRs must be submitted with the request.
- G. Providing a visit prior to placement could allow the child to build a relationship of trust with potential caregivers, and give caregivers the opportunity to engage with the child. If Child and Family Services wants to allow child visitation, prior to ICPC approval, the following steps must be completed:
1. If an ICPC request is made during or prior to the visit, the caseworker must clearly identify the duration of the visit including specific dates of arrival and departure. If this is not done the visit will be considered a placement and not a visit.
 2. A local background screening must be done on the proposed family where the visit will be taking place. This includes local law enforcement and child abuse registry. The family could obtain and send copies of this document.
 3. The caseworker must obtain court approval.
 4. The above steps must be documented prior to the visit taking place.
 5. A visit is outlined as follows in ICPC Regulation No. 9:
 - a. The purpose is to provide the child with social/cultural experience for a short duration,
 - b. The visit can be no longer than 30 days,
 - c. The child cannot be enrolled in school, and
 - d. The intent cannot be to have the child at a visit until official ICPC approval is received.
 6. If a visit extends longer than 30 days it is considered a placement and is a violation of the ICPC guidelines.
- H. If the child is an American Indian/Alaskan Native and thus covered by the Indian Child Welfare Act (ICWA), the child's tribe must be notified of the ICPC request. The ICWA law as outlined in Child and Family Services Practice Guidelines [Section 705](#) must be adhered to when considering an ICPC placement. The Utah

caseworker will clearly indicate in the cover letter as well as the 100A that ICWA applies and what notification has been provided to the tribes, along with any resulting correspondence.

- I. Provider requirements when considering placing a child outside of Utah:
 1. Prior to making any kind of home study request, the caseworker is responsible to engage with potential caregivers to assess their ability, desire, and motivation to have a home study completed that may result in a child being placed in their care. A copy of suggested questions can be found in the ICPC Guidebook or in the Kinship Limited Home Inspection/Safety Assessment Quick Reference as outlined in Safety Questions for Kinship Caregivers.
 2. Requirements for a Parent Home Study request:
 - a. The caseworker must submit the ICPC packet to the State Office. All requirements for the ICPC packet are available in SAFE in the ICPC document file named "The Seven Steps to ICPC".
 - b. The parent must pass a criminal and child abuse registry check in the state they are living. Fingerprinting may be necessary if the parent has lived outside the state of current residence within the past five years or if there are indications of hits from other states found during the local checks.
 - c. The parent is responsible for meeting the financial and medical needs of the child. The parent does have the option of applying for TANF assistance in the state in which they reside.
 - d. Custody of the child cannot be given to the parent until the ICPC is approved and Child and Family Services has concurrence from the RS.
 - e. The Utah caseworker is responsible upon receipt of the approved home study to:
 - (1) Review the home study, which includes information on criminal history and any recommendations.
 - (2) Determine if the approved placement will be used.
 - (a) If the child will be placed in the RS, submit form 100B to ICPC confirming the placement. Form 100B will initiate courtesy supervision in the RS.
 - (b) If it is determined that the approved placement will not be used, submit form 100B to ICPC, terminating the case.
 3. Requirement for a Relative Home request:
 - a. The Utah caseworker must submit the ICPC packet to the State Office. All requirements for the ICPC packet are available in SAFE in the ICPC document file named "The Seven Steps to ICPC".

- b. The relative must pass the Preliminary Placement Background Screening or the RS' equivalent to the Utah Criminal Justice Information System (UCJIS):
 - (1) UCJIS or equivalent is searched to determine if the applicant has criminal convictions or patterns of arrests or convictions within the RS that indicate a likely threat of harm to a child.
- c. The relative must pass a Completed Background Screening – Fingerprint Based Check:
 - (1) Fingerprint based FBI national criminal history records are checked to determine if the applicant has criminal convictions or patterns of convictions that indicate a likely threat of harm to a child.
- d. The RS will follow their state laws pertaining to Adam Walsh requirements for relative placements. These laws may differ from the laws currently established in Utah. The Utah caseworker is responsible, upon receiving a home study, to determine if Adam Walsh requirements were met.
- e. The relative must pass the Preliminary Placement Background Screening – RS' Child Abuse Registry: The Child Abuse Registry is searched for the following:
 - (1) To determine if the applicant has findings of a severe type of child abuse or neglect, or if other child welfare or domestic violence case history or patterns of behavior may pose a threat of harm to a child.
 - (2) To determine if the applicant has findings of adult abuse.
- f. Any other requirements as expected by the RS.
- g. The child may be placed with the relative as a Preliminary Placement if the relative passes the above checks and placement is approved by the RS. If the child is placed in a Preliminary Placement, the Utah caseworker must move to license the relative as a foster placement or determine if custody and guardianship will be given to the relative.
 - (1) If the child is placed in a Preliminary Placement, the Utah caseworker will submit a new ICPC 100A request for a foster home study 90 days after placement of child, or
 - (2) Indicate that custody and guardianship will be granted to the relative; this can only be done with the permission and approval of the RS, or
 - (3) Indicate that the relative is going to adopt the child and submit an ICPC 100A request for an adoption home study 90 days after placement of the child.

- h. There is no payment made by Child and Family Services to a relative home placement.
- i. Utah is responsible for medical coverage of the child during placement.
- j. The Child and Family Services caseworker is responsible upon receipt of the approved home study to:
 - (1) Review the home study, to include recommendations and criminal history.
 - (2) Determine if the approved placement will be used; approval by the RS does not mean placement must be made.
 - (a) If the child will be placed in the RS, submit form 100B to ICPC confirming the placement. Form 100B will initiate courtesy supervision in the RS.
 - (b) If it is determined that the approved placement will not be used, submit form 100B to ICPC, terminating the case.
- 4. Requirement for a Foster Care Home Study/licensure request:
 - a. The caseworker must submit the ICPC packet to the State Office. All requirements for the ICPC packet are available in SAFE in the ICPC document file named "The Seven Steps to ICPC".
 - b. The potential foster parent must pass the Adam Walsh requirements, which include a full background screening with a fingerprint based criminal background check, and a review of the Child Abuse Registry. If the person has not resided in the same state for the past five years, requests for a review of the Child Abuse Registry need to be made to other states where the person has resided.
 - c. Any other requirements as expected/outlined by the RS.
 - d. The Utah caseworker is responsible to obtain a copy of the license (or the equivalent) that has been issued, in accordance with the Adam Walsh requirements.
 - e. The Utah caseworker will need to obtain written documentation that Adam Walsh requirements have been met. This documentation is generally found in the home study.
 - f. In order for persons to be added as providers and to receive a Utah foster care reimbursement, the above documentation must to be given to the region eligibility worker.
 - g. The foster care reimbursement to the out-of-state provider is based on the need of the child starting with the basic foster care rate. Utah caseworkers will follow Practice Guidelines [Section 301.6](#) in determining the level of care and reimbursement rate. This also

includes, but is not limited to, Placement Committee Approval. The agreed upon amount will be sent to the RS, who must indicate their agreement prior to the child being placed.

- J. Exploring an out-of-state adoptive placement identified through a national website listing such as the Adoption Exchange:
1. Requirements of Adoptive Home Study Request: These are the basic steps for the caseworker in Utah to complete the interstate placement process for a child being sent to a RS. Information on prospective family in the other state:
 - a. A RS prospective adoptive family finds a child they may be interested in adopting from a national website listing. The Adoption Exchange is the Utah contracted provider that will accept calls from and give information about children listed on the website.
 - b. Contact information regarding a RS prospective adoptive family, who has a current home study, will be given to the identified Utah child's caseworker. The Utah caseworker can talk directly with the family about general considerations for the child and specific qualities Utah's Child and Family Services is looking for in a family.
 - c. The Utah caseworker may request that a current home study be sent for consideration.
 - d. When a RS prospective adoptive family is chosen for a Utah child, the Utah caseworker will confirm that the home study includes all background clearances required, both local clearances as well as Adam Walsh Act requirements (i.e., FBI fingerprint based background clearance and out-of-state child abuse registry clearances).
 - e. When the chosen RS prospective adoptive family has met required background clearances, the family is contacted to convey detailed information about the child and address questions from the RS prospective adoptive family.
 - f. If the RS prospective adoptive family wants to continue with the adoption process after receiving detailed information about the child, services for the child will be identified in the prospective adoptive family's area.
 - g. The Utah caseworker will consult, verbally or through email, with the Utah ICPC compact administrator, to learn about specific requirements in the RS as each state's requirements vary.
 - h. The Utah caseworker will consult with the Adoption Subsidy Committee to determine possible medical and financial assistance including any subsidy amounts that may be available for the

prospective adoptive family. This will help address the financial plan for the child in the ICPC packet.

i. As part of developing the financial and medical plan, consult with Utah ICPC compact administrator to ensure medical assistance will be in place for the child in the RS through the Interstate Compact on Adoption and Medical Assistance (ICAMA).

j. The Utah caseworker will begin a conversation with the chosen prospective adoptive family to further determine their commitment to the child, assess needed supports, and begin to negotiate Adoption Assistance.

k. The Utah caseworker will fill out application forms with documentation for Adoption Assistance to present to the Adoption Subsidy Committee.

l. The Adoption Assistance Agreement should remain in draft status and NOT signed or implemented until the placement has been approved through ICPC.

m. Formal ICPC process overview: In the ICPC request, both states' requirements will be addressed. As part of ICPC, identified services will be requested, and medical and financial supports for the child will be determined.

(1) The Utah caseworker will prepare and send the completed ICPC packet to the Utah ICPC compact administrator. If any documents are missing, the Utah caseworker will be contacted.

(2) Form 100A is required for each child being placed – The Utah caseworker will prepare the Form 100A to formally request the placement of a child in the RS.

(3) Form 100A will define whether the adoption will be finalized in Utah or in the RS. The Utah caseworker will consult with a Utah Assistant Attorney General (AAG) to determine which state will finalize the adoption.

(4) Required documentation to be assembled for ICPC packet (found on "The Seven Easy Steps to ICPC" in SAFE as ICPC Form 2):

(a) Home study including BCI and Child Abuse/Neglect clearances required by the prospective adoptive parents' state of residence as well as the Adam Walsh Act.

(b) Documentation or statement regarding Native American heritage and compliance with ICWA, if applicable.

(c) Proof of IV-E eligibility, if applicable.

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- (5) The Utah caseworker will pull (ask your support people to help with this):
- (a) Non-Identifying Background for both mother and father.
 - (b) Mental health assessment.
 - (c) Dental and medical forms.
 - (d) Most current Child and Family Plan.
 - (e) Two progress summaries.
 - (f) Child and Family Assessment.
 - (g) All educational information.
 - (h) Birth certificate.
 - (i) Social Security card.
 - (j) Signed court order verifying that Child and Family Services has custody and jurisdiction or requesting the ICPC.
 - (k) Court Order Terminating Parental Rights.
- (6) The Utah caseworker will complete the medical/financial plan document found in SAFE. The Financial/Medical Plan should include the adoption subsidy outline and ICAMA.
- (7) The Utah caseworker will prepare a cover letter telling the other state:
- (a) Contact information: name, address, phone, fax, email.
 - (b) Reason for ICPC request.
 - (c) Why the child entered care in Utah and a brief summary of the medical, psychological, and educational needs of the child, specifically highlighting the child's special needs.
 - (d) Whether or not the child is IV-E eligible.
 - (e) Financial responsibility will be Utah's through Adoption Assistance.
 - (f) Anything else that is pertinent to the successful placement of the child.
- (8) The Utah caseworker will make three complete copies of the ICPC packet.
- (9) The Utah caseworker will fill out Form 100A in its entirety, including all required signatures for each child. Form 100A can be found in SAFE. Five copies will be required.
- (10) The Utah caseworker will submit the complete ICPC packet with cover letter and form 100A to the Utah ICPC compact administrator for processing and delivery to the RS ICPC compact administrator.

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- (11) The Utah ICPC transmittal will request a response from the RS ICPC upon receipt and ask to be notified if there is any missing information.
 - (12) Most states will follow-up with the Utah ICPC compact administrator within two weeks to determine if the packet is complete and/or if further information is needed.
 - (13) Utah's ICPC compact administrator will check the status of ICPC request if there is no response from the RS after a two-week time period.
 - (14) The Utah ICPC compact administrator will notify the caseworker of the RS' decision to approve or deny the placement.
 - n. If placement is denied, the child cannot be placed.
 - o. If placement is approved:
 - (1) The Utah caseworker will confirm with the Utah ICPC compact administrator that the process for the ICAMA has been completed by the RS to ensure receipt of Medicaid for the child, if appropriate.
 - (2) The Utah caseworker will confirm with the prospective adoptive family that they understand the financial and medical plan and resources/supports, which may include IV-E or state-funded Adoption Assistance or foster care payments, Medicaid, and/or private insurance.
 - (3) The Utah caseworker will communicate with the prospective adoptive family to ensure all special medical/educational/psychological services are in place.
 - (4) The Utah caseworker will establish with the prospective adoptive family how visits and other transition plans will be carried out to maximize the child's adjustment to his/her new family and environment.
 - (5) The Utah caseworker will arrange with prospective adoptive parents how and when they will review the child's case file and sign the Disclosure of Information form, sign the Adoption Placement Agreement, and review and sign the Adoption Assistance Agreement.
 - p. Placing the child with the family:
 - (1) The Utah caseworker will submit the completed Form 100B to the Utah ICPC compact administrator to notify the RS ICPC compact administrator of the child's placement and to initiate supervision services.

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- 591 (2) The RS ICPC compact administrator will arrange for the RS
592 caseworker to supervise the placement and submit the
593 agreed upon reports.
- 594 (3) The Utah caseworker will communicate with the RS
595 caseworker regarding required documentation about the
596 child and family adjustment, the child's safety, progress
597 regarding health, mental health education, and other services
598 as needed to satisfy Utah. ICPC requires monthly in-home
599 visits and quarterly reports.
- 600 (4) The Utah caseworker will follow-up with the RS supervising
601 agency, as needed, to ensure that required ongoing supports
602 and services are appropriate and will be available after
603 finalization.
- 604 (5) The Utah caseworker is responsible to provide information
605 and technical assistance to the prospective adoptive family
606 and the RS caseworker, as needed, to ensure that finalization
607 occurs properly and expeditiously.
- 608 (6) At the time the adoptive family finalizes the adoption, the
609 Utah caseworker will send form 100B, which will be
610 forwarded to the RS ICPC Compact Administrator
611 terminating the ICPC case. The Final Adoption Decree is
612 required to close the ICPC case, thus the Utah caseworker
613 will send a copy, upon receipt, to the Utah ICPC Compact
614 Administrator.
- 615
- 616 K. Exploring an out-of-state adoptive placement:
- 617 1. The caseworker must submit the ICPC packet to the State Office. All
618 requirements for the ICPC packet are available in SAFE in the ICPC
619 document file named "The Seven Steps to ICPC".
- 620 2. Copy of the signed court orders, ordering Termination of Parental Rights or
621 Parental Relinquishments must be included.
- 622 3. Any other requirements as expected/required by the RS. These
623 requirements will need to be reviewed on a case-by-case basis as each
624 state has its own adoption laws. It will be beneficial to all team members if
625 as much information as possible is obtained prior to the ICPC request being
626 made.
- 627 4. In most cases, if parental rights to a child have been terminated, Utah
628 recommends that the ICPC request be for a foster home study and
629 licensure of the proposed caretakers prior to the adoption request. Once
630 the family has become licensed a new 100A request for the adoption must
631 be submitted. (Note: This will allow any financial or medical issues, such as
632 IV-E eligibility, to be addressed prior to the finalization). Other

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- 633 financial/medical options include TANF for relative support (such as Utah's
634 specified relative grant) or an upfront adoption subsidy (if approved by
635 committee.)
- 636 5. See the adoptions checklist to ensure that all necessary documentation is
637 included, specifically the non-identifying background on biological parents,
638 ICWA statement, and a Termination of Parental Rights signed by the judge.
639
- 640 L. Deciding to make the out-of-state placement:
- 641 1. The RS will provide Utah with the results of the home study and
642 background screening and will indicate whether or not the placement is
643 recommended. The approved designated ICPC person will review the
644 home study and assess that all Utah requirements have been met. If there
645 are questions or concerns regarding the approval, the Utah caseworker
646 must have approval from the supervisor and the region director prior to
647 placement being made.
- 648 2. The Utah caseworker is responsible for reviewing the home study and any
649 recommendations made by the RS as well as concerns or recommendations
650 from the Utah compact administrator to determine if the placement is in
651 the best interests of the child. The Utah caseworker has six months to
652 make the placement in the approved ICPC home as the home study expires
653 after six months if placement is not made. If the Utah caseworker still
654 wants to consider the proposed placement after six months, a new ICPC
655 request is required.
- 656 3. According to the Safe and Timely Act, the Utah caseworker has 14 days to
657 decide if the placement is in the best interest of the child after receiving
658 the completed home study and approval from the RS. The Utah
659 caseworker will submit an intent to use the placement to the designated
660 ICPC person within the 14-day timeframe.
- 661 4. Form 100B in SAFE must be completed and submitted through the
662 regional ICPC coordinator when the decision is made to place the child out
663 of state and to request supervision of the child by the RS. This form serves
664 as notification to the RS of the action being taken to place the child and
665 must be submitted at the time of placement. If this form is not submitted,
666 courtesy supervision will not take place in the RS and it may be considered
667 an illegal placement.
- 668 5. If a decision is made not to place the child in a state after making a request
669 for a home study, or after receiving the home study and approval from
670 another state, the Utah caseworker must submit form 100B from SAFE to
671 the regional ICPC coordinator to close the ICPC case.
- 672 6. Utah will retain jurisdiction over the child for a sufficient duration,
673 generally about six months, to determine all matters in relation to the
674 custody, supervision, care, treatment, and disposition of the child which it

would have had if the child had remained in a placement in Utah.
Termination of jurisdiction can be done only with concurrence of the
appropriate authority in the RS. (See state law on Retention of Jurisdiction
for full details.)

M. Health Care Coverage/Medicaid:

1. Availability of Medicaid coverage for a child that is placed out of state is contingent upon a child's Title IV-E eligibility status.
 - a. If a child is Title IV-E eligible and reimbursable and Utah is making a foster care payment to the out-of-state provider, the state in which the child is placed will issue a Medicaid card. The Utah caseworker will request this Medicaid in the cover letter and in the Financial/Medical Plan.
 - b. If a child is not Title IV-E eligible and reimbursable, Utah is responsible for the child's health care coverage. If Utah is making a foster care payment to the out-of-state provider, then Utah Medicaid can remain open. An out-of-state health care provider has the option to enroll as a Utah Medicaid provider, if a willing provider can be located. If the child's health care needs cannot be met with Utah Medicaid, the Utah caseworker may work with the Fostering Healthy Children nurse to explore coordinating with an out-of-state health provider to bill for health care using the MI706 process.
 - c. The Utah caseworker will talk with the regional eligibility worker about questions concerning Title IV-E or Medicaid eligibility for a child being placed out of state.
 - d. If the intent is for the kinship/relative placement to obtain TANF or a specified relative grant, it is the Utah caseworker's responsibility to provide copies of the court order pertaining to the placement of the child with this kin, a copy of the child's birth certificate, Social Security Number, and any other documents as required by the other state. In some cases, Medicaid is attached when TANF is approved for kinship placement. The Utah caseworker may want to check with the RS' Medicaid eligibility office to make this determination.
 - e. If the permanency goal is adoption, the placement may qualify for an adoption subsidy. If placement is made and a subsidy is paid to the placement, the child may qualify for ICAMA.

- N. Courtesy Caseworker Visitation and Reporting: When Utah has decided to place a child after approval and review, the Utah caseworker will need to arrange for supervision by the RS by submitting form 100B to the appropriate region ICPC coordinator. If form 100B is not submitted, courtesy supervision will not be provided by the RS and will not take place.

1. Utah will request that the RS make monthly face-to-face visits with the child and send a written report of the contact to Utah on a quarterly basis. [See: Purposeful Visits Practice Guidelines, [Section 302.2](#).]
2. When submitting form 100B, the Utah caseworker will include any visitation plans or limitations as it pertains to the biological parents or other parties that the placement will be expected to adhere to. The Utah caseworker will also provide court orders with any specific orders in regards to this, if appropriate.
3. The Utah caseworker will talk with the child (if verbal) and out-of-state provider by phone on a monthly basis, in accordance with Purposeful Visitation Practice Guidelines, [Section 302.2](#).
4. The Utah caseworker will invite the courtesy supervision worker to participate in any Child and Family Team meetings by phone and provide a copy of the Child and Family Plan so that the courtesy supervision worker is aware of the permanency goals and expectations. When changes are made to the plan or when a new plan is developed, a copy should be sent to the courtesy supervision worker.
5. Utah has both the authority and the responsibility to determine all matters in relation to the custody, supervision, care, treatment, and disposition of the child, the same as if the child had remained in a placement in the state of Utah.

703.2 Child In Custody Of Another State To Be Placed In Utah – Interstate Placement

- A. Before a child from another state may be placed in Utah, the sending state must complete the ICPC requirements and request a study be done on a proposed placement. The home will be assessed for safety and suitability by a designated Utah caseworker. This request is made by the sending state's ICPC compact administrator and must come through the Utah ICPC compact administrator for assignment. A child from another state may be placed in a foster family, with a parent, or in a kinship placement that has been approved for placement through a home study and criminal background screening completed by Child and Family Services. A child may also be placed in a licensed residential treatment center or group home; in this case a home study may not be required.
- B. Timeframe for home study. A home study requested by a sending state (both licensing and kinship) should be completed and provided within 60 days of the date on the Utah ICPC transmittal. If the report cannot be completed within this timeframe, the Utah caseworker will notify the Utah ICPC compact administrator. The home study will be sent to the region ICPC coordinator who will forward to

the Utah ICPC compact administrator, who will then forward it to the sending state.

1. Utah cannot grant final approval for the placement until the results of the background screening has been completed and the results have been approved.
2. If the proposed caregiver has not responded within 60 days, the Utah caseworker will contact the region ICPC coordinator or ICPC compact administrator to staff case closure. If it is determined that the case will be closed, the Utah caseworker will send a report documenting the attempts to contact. This can be submitted through email or other correspondence.

C. Provider requirements when considering placing a child inside of Utah: The sending state will specify what type of home study they are requesting be completed by the Utah caseworker (the home study type will be indicated on the 100A and ICPC transmittal). The Utah caseworker will follow all Utah kinship requirements when conducting the home study.

1. Requirements for a Parent Home Study request:
 - a. The parent must pass criminal and child abuse registry checks in the state of Utah. Fingerprinting may be necessary if concerns are found during the local checks.
 - b. The parent is responsible for meeting the financial and medical needs of the child. The parent does have the option of applying for TANF.
 - c. Custody of the child cannot be given to the parent until Utah gives concurrence to the sending state.
 - d. The Child and Family Services caseworker is responsible upon completion of the requested home study to submit all documents to the region ICPC coordinator. The region ICPC coordinator will forward these to the Utah ICPC compact administrator.
 - e. Include a copy of the home study along with the child-specific home study form (SAFE KBS10), the background results, and all recommendations and conditions of placement.
2. Requirement for a Relative Home request: The relative, and all persons 18 years and older residing in the home, must pass the Preliminary Placement Background Screening and the UCJIS, and must meet all Adam Walsh Requirements:
 - a. UCJIS is searched to determine if the applicant has criminal convictions or patterns of arrests or convictions within Utah that indicate a likely threat of harm to a child.
 - b. The relative must pass a Completed Background Screening – Fingerprint Based Check:

-
- 799 (1) Fingerprint based FBI national criminal history records are
800 checked to determine if the applicant has criminal
801 convictions or patterns of convictions that indicate a likely
802 threat of harm to a child.
- 803 c. The relative must pass the Preliminary Placement Background
804 Screening – Utah Child Abuse Registry (SAFE): The Child Abuse
805 Registry is searched for the following:
- 806 (1) To determine if the applicant has findings of a severe type of
807 child abuse or neglect, or if there are other child welfare or
808 domestic violence case histories that show patterns of
809 behavior that may pose a threat of harm to a child.
- 810 (2) To determine if the applicant has findings of adult abuse.
- 811 d. Any other requirements as requested by the sending state.
- 812 e. If the sending state requests a kinship home study without a foster
813 care license, the report can be completed and submitted to the
814 sending state; however, the Utah caseworker completing the home
815 study should indicate in the report to the sending state that this
816 family would not qualify for a Utah foster care maintenance
817 payment based on Utah policies and would not qualify for foster
818 care Medicaid in Utah. If the sending state is going to pay a foster
819 care maintenance payment to the kin, the home must meet licensing
820 requirements. (Note: If the family will be seeking a specified relative
821 grant under TANF, the child may qualify for Medicaid under that
822 program.)
- 823 f. Under ICPC law the sending state retains legal and financial
824 responsibility for the child; however, the relative can apply for
825 TANF to help with financial and medical needs of the child.
- 826 g. The Utah caseworker is responsible, upon completion of the
827 requested home study, to submit all documents to the region ICPC
828 coordinator. The region ICPC coordinator will forward these to the
829 Utah ICPC compact administrator.
- 830 h. The Utah caseworker will include a copy of the home study along
831 with the child-specific home study form (SAFE KBS10), the
832 background results and all recommendations, conditions of
833 placement, and indication that the Adam Walsh requirements were
834 met.
- 835 3. Requirement for a Foster Care Home Study/licensure request:
- 836 a. A home study for a family home that is going to be licensed as a
837 foster parent must meet the requirements of the Office of
838 Licensing. A probationary license can satisfy this requirement if
839 training is still pending for the family before a full licensure can be
840 granted.

- b. If a Foster Care Home Study is being requested, the Utah ICPC compact administrator will verify if the sending state is planning to make a Title IV-E foster care payment to the family for the child. The family must be licensed for foster care by the Office of Licensing if a Title IV-E foster care payment is planned. There may be cases when a child is not IV-E eligible, but the family may be licensed and receive a foster care payment from the sending state, and the child will not qualify for Utah foster care Medicaid. The sending state will be responsible for all medical needs of the child. If there is no response from the proposed caregiver to the Office of Licensing within 60 days, the request should be denied.
 - c. The potential foster parent must pass the Adam Walsh requirements including a full background screening and a Finger Print Based criminal background check.
 - d. Review of Child Abuse Registry (SAFE), including any requests that need to be made to other states if they have not resided in the same state for five years.
 - e. The Utah caseworker will need to provide written documentation that the Adam Walsh requirements have been met. This documentation is generally found in the home study.
 - f. The Utah caseworker is responsible, upon completion of the requested home study, to submit all documents to the region ICPC coordinator. The region ICPC coordinator will forward these to the Utah ICPC compact administrator.
4. Requirements of Adoption Home Study Request:
- a. Copy of the signed court orders ordering the termination of parental rights or parental relinquishments.
 - b. Any other requirements as requested by the sending state. These requirements will need to be reviewed on a case-by-case basis as each state has its own adoption laws.
 - c. If a foster home study has been completed, this study will fulfill the requirement for an adoption home study. If a foster home study has not been completed, an adoption home study will need to be done.
 - d. The Utah caseworker will review the adoption placement with the region adoption committee; provide documentation of the results of that review. This review will include consideration of the adoption subsidy that will be provided by the sending state, as well as if the child will be eligible for ICAMA.
 - e. The Utah caseworker is responsible, upon completion of the requested home study, to submit all documents to the region ICPC coordinator. The region ICPC coordinator will forward these to the Utah ICPC compact administrator.

- D. Courtesy supervision provided to children from other state.
1. Practice Model Applicability. A Utah caseworker designated as a courtesy caseworker for a foster child placed in Utah from another state should follow basic Practice Model principles and requirements to support the child's safety, permanency, and well-being goals. The sending state will provide a copy of the case plan and assessment information. The Utah caseworker should work with the child and foster family to develop a Child and Family Team to support the placement and coordinate with the sending state. The Child and Family Team will address the need for respite care and other services and supports necessary to provide for the child's safety and well-being and to help the child achieve timely permanency.
 2. Utah cannot provide courtesy supervision for children who have been placed in an ICPC approved home unless the sending state has provided form 100B, confirming that placement has been made. Form 100B will be sent from the Utah ICPC compact administrator to the region ICPC coordinator and assigned as determined by the region.
- E. Caseworker visitation and reporting: Face-to-face visits will be provided monthly, and a written report will be provided on a quarterly basis (refer to Purposeful Visitation Practice Guidelines [Section 302.2](#)). These reports will be sent to the Utah ICPC to be forwarded to the sending state. The Utah caseworker will submit a copy of the quarterly report to the region ICPC coordinator, who will forward it to the Utah ICPC compact administrator. The Utah caseworker may also provide a copy to the sending state's local worker. It is important that all correspondence be routed through ICPC compact administrators.
- The sending state is required by ICPC guidelines to maintain jurisdiction throughout the time the child is in the approved placement. Generally, supervision services will last four to six months but may be longer depending on the permanency goals of child. During this time, the sending state is responsible for the legal and financial support of the child. The sending agency has the both the authority and the responsibility to determine all matters in relationship to the "custody, supervision, care, treatment, and disposition of the child", just as the sending agency would have "if the child had remained in the sending agency state." (APHS Guide to the Interstate Compact for Placement of Children.)
1. Utah must provide courtesy supervision until the sending state's jurisdiction terminates. The sending state must have the agreement of Utah in order to close the ICPC case. Courtesy supervision ends when the child is returned to the sending state, the adoption finalizes, or permanent custody/guardianship is given to a relative or parent. In some cases the sending state may obtain court jurisdiction (PSS) when temporary custody

- 925 and guardianship of the child is given to a relative or parent. In such
926 instances, the case will remain open until the sending state's jurisdiction
927 terminates.
- 928 2. The Utah caseworker can recommend that the case be closed when it is
929 felt that the family is stable and is no longer in need of supervision
930 services. This can be done by submitting a written report to the region
931 ICPC coordinator.
- 932 3. The Utah caseworker will adhere to the case plan provided by the sending
933 state as it pertains to the needs of the child. This may include visitation,
934 obtaining counseling, school enrollment, and other resources as outlined in
935 the plan.
936

704 Placement Of A Child In Protective Custody

Applicable Law

Utah Code Ann. [§78A-6-307](#). Shelter hearing -- Placement with a noncustodial parent or relative -- DCFS custody.

Practice Guidelines

- A. When children are placed in protective custody, caseworkers will immediately work with the staff designated by the region, such as resource family consultants and/or kinship specialists, to find a placement for the child within 24 hours or removal. The caseworker will also consult with the family and/or available or potential Child and Family Team Members at removal regarding potential placement options. The placement decision is subject to the best interest of the child.
- B. The best interest of the child will be taken into account when considering preference for placement. The child's needs should be considered, such as the following (these are in no particular order, rather they should be considered in the context of each case and situation):
 1. Safety factors in regards to the potential placement, including the threats of harm to the child, the protective capacity of the caregiver, and the child's vulnerabilities.
 2. Reasonable proximity to the child's home.
 3. Potential benefit of placing siblings together.
 4. Educational needs, including proximity to the child's school and child's need for maintaining connections to school.
 5. Needs specific to the child's age, including developmental progress.
 6. Cultural factors, language, and religion specific to the child.
 7. Existing relationship between a kinship caregiver and the child.
 8. Health and mental health needs.
 9. Potential for ongoing care or permanency with the kinship caregiver to prevent unnecessary changes in placement.
- C. The following order of preference applies to placement of a child in the custody of Child and Family Services, and is subject to the child's best interest:
 1. A noncustodial parent of the child.
 2. A relative of the child.
 3. A friend designated by the custodial parent or guardian of the child or an extended family member of the child, if licensed as a foster parent or if the friend obtains a child specific license. The custodial parent or guardian may only designate one friend as a potential Preliminary Placement, unless

-
- 978 Child and Family Services otherwise agrees. A foster parent who has
979 formerly adopted a sibling of the child may be considered as a kinship
980 placement.
- 981 4. A former foster placement if still licensed, and if applicable.
982 5. Other licensed family resource home.
983 6. "Crisis placements," such as Christmas Box House, Family Support Centers,
984 or resource families who will take the child on a temporary basis while
985 another placement is being explored. Using these facilities or crisis
986 placements for longer than 24 hours will be the last consideration, in order
987 to reduce the trauma experienced by the child as a result of multiple
988 moves. (Please refer to Practice Guidelines [Section 704.1](#) regarding Crisis
989 placements.)
- 990 7. An eligible Indian child must be placed within the foster placement
991 preferences established by ICWA:
992 a. A noncustodial parent of the child.
993 b. Member of the child's extended family, according to the tribe's
994 customary definition of extended family (25 U.S.C. §1903(2)).
995 c. Foster home licensed, approved, or specified by the Indian child's
996 tribe.
997 d. Indian foster home licensed or approved by an authorized non-
998 Indian.
999 e. An institution for children approved by an Indian tribe or operated
1000 by an Indian organization that has a program suitable to meet the
1001 child's needs.
1002 f. If none of the above is possible, the child may be placed in a non-
1003 Indian foster home or other appropriate out of home placement.
1004
- 1005 D. The caseworker will follow the protocol outlined in Practice Guidelines [Section](#)
1006 [502](#), Kinship services – Preliminary Placement in order to investigate if there is a
1007 non-custodial parent or other relatives available that would be able to have the
1008 child placed in the home.
1009
- 1010 E. If Child and Family Services is unable to locate a placement for the child with a
1011 non-custodial parent or in a kinship home, then the child may be placed in a home
1012 with a licensed resource family. If the child is not placed with a noncustodial
1013 parent, a relative, or a designated friend, as defined in statute and guidelines, the
1014 caseworker will send an email to his or her supervisor explaining why a different
1015 placement was in the child's best interest, and will copy and paste this email into
1016 the activity logs.
- 1017 F. Each region will implement a process that will allow caseworkers to match
1018 children who have been removed with appropriate resource homes. Workers

should also refer to Practice Guidelines [Section 301.4](#) for further considerations when selecting an out-of-home caregiver.

1. If a child has been in foster care previously and reenters protective custody, the child's former foster parents will be notified if still licensed. Child and Family Services will make a determination of the former foster parent's willingness and ability to safely and appropriately care for the child. If the former foster home is determined by Child and Family Services to be appropriate, the former foster parent will be given a preference over other foster parents for placement of the child.
2. In order to minimize the number of placement moves for a child, Child and Family Services should attempt to locate a resource family that is willing to have the child remain with them while the case progresses and the permanency plan for the child is being worked on. Permanency planning will continually be assessed and explored by the caseworker and the Child and Family Team. Child and Family Services will work with the resource family to provide them with support and services in order to maintain the child in the placement and to minimize the number of placement moves that the child experiences.
3. The resource family should not be pressured to make a decision on whether they are willing to adopt the child when the child is first placed in the home.
4. Upon placement of the child in a resource home, the caseworker will include the resource family in the Child and Family Team and ensure that they understand the permanency goal and concurrent plan for the child. Child and Family Services will keep the resource family informed of progress towards reunification, other potential placement options for the child (including kinship), and imminent changes in the long-term view and/or permanency goals.
5. Taking into account the permanency needs of the child, Child and Family Services may give preference for the initial placement of the child to be in a resource home of a family that has already expressed a desire to adopt a child. However, if a home that has expressed a desire to adopt is unable to be located at the initiation of a case, the child may be placed in a resource home that is willing to keep the child while reunification is still in progress and/or until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the permanent home.
6. The caseworker should use sensitivity when approaching the subject of adoption with a kinship or resource family and should allow the family an opportunity to get to know the child, understand the child's issues, and explore how adopting the child would affect their family. Keeping in mind the urgent permanency needs of the child, the caseworker will continually

- 1061 assess the resource family's desire to provide permanency to the child and
1062 will have ongoing discussions with the resource family to assess the
1063 situation. When a family that the child is placed with states that they will
1064 not adopt the child, the child does not have to be moved immediately;
1065 however, the caseworker will take immediate steps to initiate the process
1066 to locate another permanent placement for the child. In the event that
1067 reunification is not successful, no kinship placement options are located,
1068 and the resource family does not desire to adopt the child, the caseworker
1069 will maintain the child in the home of the resource family until another
1070 appropriate permanent family is located. The resource family will then
1071 assist with the transition of the child into the permanent home.
- 1072 7. If Child and Family Services is unable to immediately locate a resource
1073 family that is willing to provide care for the child, a "crisis placement" may
1074 be used for the child. Crises placements are a last resort and should be use
1075 sparingly and only after all other placement options have been explored.
1076 (Refer to Practice Guidelines [Section 704.1](#) for definitions and guidelines
1077 related to crisis placements.)
1078
- 1079 G. The Child and Family Services caseworker will make reasonable efforts to obtain
1080 information essential to the safety and well being of the child and provide the
1081 information to the out-of-home caregivers within 24 hours of placement. Either
1082 the regional resource family consultant or the caseworker may provide the
1083 information so the out-of-home caregiver can make an informed decision
1084 regarding the care of the child. Form CPS23 is used for removals as a result of a
1085 CPS case (see Practice Guidelines [Section 205.2](#)), and may be used to gather the
1086 information and provide it to the caregiver for children who come into protective
1087 custody through other means.
- 1088 1. The Child and Family Services staff that provided the information to the
1089 caregiver will document that the information has been provided to the
1090 caregiver in the SAFE activity logs and will add the policy attachment
1091 "Placement – Child info Given to caregiver prior to placement".
- 1092 2. Caseworkers should refer to Practice Guidelines [Section 301.4](#) for further
1093 guidance on the type of information that should be provided to the out-of-
1094 home caregiver as well as information on allowing the out-of-home
1095 caregiver to review the child's case file.
1096
- 1097 H. The Child and Family Services caseworker will visit the child in the placement by
1098 midnight of the second day after the date of removal from the child's
1099 parents/guardians to assess the child's adjustment to the placement and the
1100 child's well-being. Following the visit, a Child and Family Services caseworker will
1101 continue to visit the child in the placement once per week for the first four weeks
1102 that the child is in care.

- I. Once the ongoing caseworker has been assigned, that caseworker will be responsible to complete the weekly visits for the first four weeks that the child is in care. After the first four weeks, the caseworker will follow Practice Guidelines [Section 302.2](#) regarding "Purposeful visiting with a child, out-of-home caregivers, and parents" while the child is still in care.
- J. The Child and Family Services caseworker will offer the parents a visit with the child within three working days of removal, if appropriate.
- K. The caseworker will ensure that any immediate medical needs for a child brought into protective custody are addressed. A physical, dental, and mental health evaluation will each be completed within 30 working days from the time the child is placed in protective custody.
- L. The ongoing case will be opened in accordance with the timelines outlined in Practice Guideline [Section 301.01](#) "Opening a Foster Care Case".
- M. The placement information for each child will be documented in SAFE by midnight of the second business day after the removal or change in placement.

704.1 Crisis Placements

Major objectives:

When a child enters protective custody, Child and Family Services will minimize the use of "crisis placements" while other placement options are explored. Using any crisis placement for longer than 24 hours will be the last consideration, in order to reduce the trauma experienced by the child as a result of multiple moves. Placing a child in a crisis placement in a "congregate care" setting is a placement of last resort, when all other placement options have been exhausted or when there are extenuating circumstances.

Practice Guidelines

Using a crisis placement is acceptable for less than 24 hours while the caseworker explores placement options. The caseworker should take measures to explain to the child in an age appropriate manner (if the child's mental capacity permits) that the placement is temporary.

- A. A "crisis placement" is a placement that is willing to keep the child for a temporary, short term basis, and there is an understanding that DCFS is actively working towards moving the child to a kinship placement, another resource family, or another type of placement appropriate for the child's needs. It does not

include group or therapeutic settings whose purpose is to provide assessment and/or treatment for mental health or delinquency issues. A child placed in a crisis placement will have at least one unavoidable placement move. Examples of crisis placements include Christmas Box House, Family Support Centers, or resource families who will take the child on a temporary, short term basis while other placements options are sought.

1. A "congregate care" setting is a facility that provides temporary, 24 hour care to a child by trained, rotating staff. A congregate care facility generally combines living quarters with centralized dining services, shared living spaces, and access to social and recreational activities.
2. Children aged zero to five will be placed directly into a family home setting unless:
 - a. There are extenuating circumstances, such as they are part of a sibling group, and it is determined by the caseworker or regionally designated personnel that keeping them together outweighs the benefit of single caregiver placement. Extenuating circumstances will be documented in activity logs and approved by regionally designated personnel.
3. The caseworker should make every effort so that the child will not remain in a crisis placement for more than 14 days. The Child and Family Services caseworker will coordinate with staff designated by the region, such as resource family consultants, to locate a placement appropriate for the child's needs if the child is placed in a crisis placement.
4. If a placement has not been found within 14 days, the Child and Family Services caseworker will review the child's case weekly with the designated regional Placement Screening Committee.
5. For children that are initially placed in congregate care settings, there will be daily efforts made to find a placement for the child. Child and Family Services will implement a specific high-level administrative review process in each region for children placed in congregate care that includes review of all children placed in congregate care at placement and weekly thereafter.
6. Efforts to find a placement for the child will be documented in the SAFE activity logs.

704.2 Voluntary Placements

Major objectives:

The parents or guardian of a child may request that Child and Family Services place their child in a voluntary temporary out-of-home placement, or a Child and Family Services worker may offer a voluntary temporary out-of-home placement. A voluntary out-of-home placement will only be used when the parents or guardian can have unrestricted access to the child without presenting a risk to the health, safety, or well-being of the child.

All voluntary foster care placements will be reviewed every 45 days with the Shelter Placement Screening Committee. A child needing to remain in a voluntary out-of-home placement beyond 180 days may only do so through a court order that finds that continued placement is in the best interest of the child.

Applicable Law

Utah Code Ann. [§62A-4a-106](#). Services provided by division.

Practice Guidelines

- A. Ensure that the parent or guardian has explored all possible options for placement of the child with relatives, friends, neighbors, etc. prior to initiating a placement through Child and Family Services.
- B. Before a child is accepted for foster care placement on a voluntary basis, the parents or guardians must express a willingness to involve themselves in a time-limited child and family plan. The parents, child, and worker will develop a plan (typically 45 days) to resolve the crisis and return the child home within that time period.
- C. Parents will be notified prior to the placement that they are required to pay child support to the Office of Recovery Services while the child is in the voluntary out-of-home placement to help defray costs of the child's care.
- D. A written voluntary placement agreement must be in place at the time a child enters care and specifies, at a minimum, the legal status of the child and the rights and obligations of the parents, the child, and Child and Family Services while the child is in placement. The time period that the agreement is in effect for 45 days.
- E. The family must provide documentation of medical coverage and understand that they are responsible for the medical costs. The parents must also provide all information necessary to make a Title IV-E and Medicaid eligibility determination for the child while in the voluntary out-of-home placement.

- F. The family must provide the child's current medical provider of the child's current health and immunization status, or arrange for the child to have a CHEC screen to insure the child's health needs are current while in the voluntary out-of-home placement.
- G. At any time, parents may terminate the voluntary placement and have their child return home.
- H. Payment for initial clothing or other special items will be based upon the parents' ability to pay. These items may be paid by Child and Family Services at the discretion of the supervisor and region director (or designee) and based on the needs of the child.
- I. In situations where the crisis is not resolved and it appears the child will require ongoing foster care, the worker will petition the court for temporary custody. If the child needs to remain in out-of-home care for longer than 180 days, the worker may petition the court for custody prior to the end of the voluntary placement period.

704.3 Domestic Violence Shelters

Major objectives:

Shelter services are offered to all persons meeting the definition of co-habitant who either voluntarily or through a court order seek domestic violence services.

The Child and Family Services caseworker may coordinate and link domestic violence victims with emergency shelter placements and services.

Applicable Law

Utah Code Ann. [§62A-4a-106](#). Services provided by division.

Practice Guidelines

Victim and Dependent Services:

- A. Emergency Shelter: A 24-hour shelter care facility that provides supervision for families.
- B. Crisis Counseling Services will be made available to a domestic violence victim and dependents upon request

- C. Alternate Crisis Housing: May be in motels, community shelters, or other comparable facilities. *Refer to Domestic Violence Principles 600 Guidelines for victim and dependant services and alternative crisis housing.
- D. If the placement in a domestic violence shelter is made by the Child and Family Services caseworker as an alternative to removing the children from the parent or guardian's custody, a child and family team meeting will be coordinated within three working days. (This meeting will include domestic violence shelter staff.)
- E. Shelter staff will provide information to the Child and Family Services caseworker when the family plans to leave the shelter facility.

704.4 Emergency Foster Care Placements

Major objectives:

When a child is removed from a foster care placement, the Child and Family Services worker may place a child in a temporary emergency foster placement. Shelter homes or facilities may be utilized.

Emergency Foster Care Placements must be staffed with supervisors.

Applicable Law

Utah Code Ann. [§62A-4a-106](#). Services provided by division.

Practice Guidelines

- A. Emergency foster care placements may be used:
 - 1. When the Child and Family Services worker has made the determination that the child's out-of-home placement may be unsafe and removal is necessary.
 - 2. When a more permanent placement cannot be identified.
 - 3. When determined to be in the best interest of the child.
- B. When emergency foster care placements are initiated, notification needs to be provided to:
 - 1. The parents.
 - 2. The Assistant Attorney General.
 - 3. The Guardian ad Litem.
 - 4. To Juvenile Court.
- C. Following an emergency foster care placement, a child and family team meeting will be convened within three working days.

- 1301
1302 D. The Child and Family Services worker will visit the child in the temporary
1303 placement within 48 hours.
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1305
1306

705 (NOT USED DUE TO NUMBERING CONFLICT)

706 Drug Testing Protocol

Major objectives:

The purpose of this protocol is to provide guidance for caseworkers who need to drug test their clients. It covers the purpose of drug tests, the referral process, talking to clients about drug testing, choosing test types and frequency, how to address no-shows, positive and diluted tests; it also addresses testing of youth, collaboration with other agencies, and obtaining DOPL reports on clients. Drug testing can be a helpful monitoring tool when used sensibly, but cannot be used alone to determine whether children are safe.

Practice Guidelines

The following protocol may differ depending on the client's participation in drug court. If a client is participating in a drug court program, the protocol of that program must be followed. Otherwise, the following applies.

A. Purpose.

1. Drug testing in child welfare is used to help facilitate decision making with families. It can be used to detect substance use during an investigation, monitor treatment compliance, or as a deterrent.
2. Drug testing should not be the only means used to determine the existence or absence of a substance abuse disorder or to monitor treatment compliance. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or making decisions about the disposition of a case. Drug tests alone will not be used to determine whether children are safe.
3. Drug testing is to be used as one of several monitoring tools, but never as the only tool. It should be used in conjunction with:
 - a. The child abuse investigation.
 - b. The Structured Decision Making (SDM) safety and risk assessments.
 - c. The substance abuse evaluation.
 - d. Reports from drug treatment agencies.
 - e. Reports from third parties.
 - f. Personal observation through regular contact.

B. Evaluation for Drug Testing.

1. In order to decide if and what drug tests are needed for a client, a good assessment of the client's current and past substance abuse is necessary. This may include:

- a. A formal substance abuse assessment performed by a qualified outside provider.
 - b. A review of the CPS investigation including any initial drug tests performed by CPS.
 - c. Third party reports.
 - d. Caseworker's direct observations and conversations with the client.
 - e. Caseworker's continuous efforts in engaging the client and building a trusting relationship with the client to obtain more accurate information about the client's drug use (though some people initially are in denial of their drug use and guarded against government intervention). Completing a time-line with a client can be a way for them to open up about their drug history.
- C. Discussing Drug Testing with Clients.**
1. The caseworker advises the client of the purpose of the drug testing before testing begins, which is to assist in case planning and to monitor progress if substance abuse treatment services are warranted. The client needs to understand the consequences of positive and negative drug test results, as well as the consequences of the client's refusal to undergo testing or failing to call in to the drug testing provider.
 2. If the children are living at home (in-home case/trial home placement), the caseworker should discuss a relapse plan with the parent that addresses the children's safety and care.
 3. The caseworker needs to discuss the client's use of medications, including prescribed and over-the-counter medications they are currently using and for what condition, and explain that some medications will show up positive in drug tests. The caseworker will make a copy of the client's prescriptions and ask them to sign a release so that they can talk to their prescribing doctor. If the client is participating in drug court, the caseworker needs to go over the drug court requirements, in particular when the court forbids the use of any medications.
 4. The caseworker will discuss the agency's drug testing procedure, including call-in number, testing locations, and hours of operation, along with the need to bring in identification to every test date.
 5. The caseworker will review with the client a document that explains their rights, as well as explain the drug testing requirements and the consequences of test results (this document is still in development). The caseworker and client will sign the document. If the client refuses, the caseworker will document the refusal in SAFE. The signed document will be kept in the family file with a copy to the client.

6. In addition, the caseworker will ask the client to sign a release so that Child and Family Services can share the drug testing results with partner agencies (probation, treatment, courts).

D. Referral Process.

1. The caseworker will complete a SAFE drug test referral form, which is automatically sent to their regional drug testing coordinator. Within 24 hours (during a workweek), the regional drug testing coordinator will review the form, obtain any additional information if necessary, enter the referral on the contracted drug testing provider's website, and inform the caseworker that their client is setup to start drug testing. Drug tests are subject to regional approval and must be re-approved at a specified interval.
2. If the client needs to drug test before the required 24 hours, the caseworker will call their regional drug testing coordinator immediately. The regional drug testing coordinator will then process the request as soon as possible.
3. Caseworkers will not enter any referrals directly into the drug testing provider's website.
4. The regional drug testing coordinator will help guide the caseworker's decision on the type of drug tests to perform and the frequency of tests (see Determining Frequency below). The regional drug testing coordinator will also serve as the point of contact in each region/office for the contracted drug testing provider and for any drug testing related questions.

E. Child Protective Services – Initial Drug Test.

1. One-time drug testing may be needed to determine if someone is abusing substances. The preferred test types are:
 - a. Broad-panel, which is a test that can detect a wide range of substances.
 - b. ETG, spice, bath salts, and oxycodone tests are single substance tests that can be added to a 5- or broad-panel test, when indicated.
 - c. Hair testing, which is a 5-panel test (does not include benzodiazepines and oxycodone) can provide information regarding past drug use (up to three months). There are, however, a number of limitations that need to be taken into consideration when using hair testing (see section G. Determining Which Drugs to Test For). The federal government has not developed testing standards for hair

testing, which is why hair is not a preferred testing specimen.

F. Determining Frequency.

1. After initial drug testing occurs, a randomized ongoing drug testing schedule may be indicated to provide evidence of success for parents, monitor compliance, and evaluate progress of treatment.
2. Testing frequency should be based on the individual's circumstances and the purpose of the test. When determining the testing frequency, caseworkers need to consider the following:
 - a. The treatment provider's recommendations, if client is in treatment.
 - b. The substance(s) the client is known to have abused or is suspected of abusing. Some substances have a longer detection window, such as THC (Marijuana): 1-7 days for light use, 10 days to 6 weeks for heavy use; or Benzodiazepines (Sedative Hypnotics, for example: Xanax): 3 days to 6 weeks. This means that a lower frequency can be used. Some substances, such as amphetamines (2-4 days) have a shorter detection window and may require a higher frequency.
 - c. The purpose of the test: Investigatory/Assessment: One-time or occasional testing (not on a schedule); Compliance / Court-ordered testing / Treatment Progress: Random testing (no more than 3 times per week) with decreasing frequency, based on client status; Deterrent: Random testing, 1-2 times per month.
 - d. Whether children reside with the person being tested or have unsupervised visits with that person: During In-Home Services cases, use the findings of the SDM risk assessment and reassessments as a guide. For example, if the family is assessed at a "very high risk level" and the risks are related to the parent's substance abuse problem, then a higher frequency is indicated.
 - e. Special circumstances and transitions: For example, if a partner/spouse is moving in with the client being tested, if children move back home, if the client is changing jobs, etc., it may be indicated to increase the frequency for a while or increase other forms of monitoring.
 - f. If reports from treatment providers or third parties indicate a possible relapse, or the client misses several appointments in a row, then increasing the frequency may be necessary.

- g. Regional drug testing guidelines also need to be considered.
 - 3. The Department of Human Services does not support random drug testing more than three times a week.
 - 4. Frequency must be reassessed when the referral expires (every 90 days). Factors to consider include client's everyday functioning; ability to hold a job, attend visits, maintain a household, and attend treatment/therapy; client's test results and calling compliance, etc. If the client has been testing free of illicit substances during this time, the testing frequency should be decreased, unless the above-mentioned circumstances/transitions require otherwise.
 - 5. Caseworkers who suspect that a client is under the influence of drugs or seems to smell of alcohol during a visit can request the client to go test the same day or by the next morning, in order to assess whether the client is or is not using drugs/alcohol. In that case, the caseworker needs to move the online random testing schedule to the desired day.
- G. Determining Which Drugs to Test For.
- 1. Based on the client's substance abuse assessment and/or their initial drug test results, the caseworker will determine which substances the client may be prone to use. The caseworker then selects the drug test(s) depending on the client's choice of substances, in compliance with regional approval process.
 - 2. Child and Family Services prefers the testing methodology for which the federal government (SAMHSA and Department of Transportation) has developed standards. For this reason, urine and saliva are the preferred testing specimens. The limitations of testing hair, sweat, meconium, or other specimens will be communicated along with the results.
 - 3. Hair testing can provide information regarding past drug use (up to three months). There are, however, a number of limitations that need to be taken into consideration when using hair testing. These include:
 - a. Cannot detect recent drug use (7–10 days).
 - b. Difficult to detect low-level use (e.g., single-use episode).
 - c. Difficult to interpret results (inability to determine the quantity used, the time frame of usage, etc.).
 - d. It is a 5-panel test (does not include benzodiazepines and oxycodone).
 - e. Possibility of environmental contamination.
 - f. Can be impacted by hair treatment and hair length.
 - g. May be biased with hair color (dark hair contains more of some basic drugs [cocaine, methamphetamine, opioids] due to enhanced binding to melanin in hair).
 - h. Costly.

Furthermore, the federal government has not developed testing standards for hair testing, which is why hair is not a preferred testing specimen.

H. Confirmation of Positive Test Results.

1. All positive drug tests will be confirmed by a SAMHSA certified laboratory using gas chromatography-mass spectrometry (GC/MS) technology. (This is currently done automatically by the contracted testing provider.)

I. Obtaining Results/Reporting to the Court.

1. It is the caseworker's responsibility to access the contracted drug testing provider's website frequently to check their clients' test results and call-in compliance (at least weekly). If the final results are not yet posted, the caseworker needs to go back to the website.
2. Caseworkers need to print out the clients' test results and calling compliance before court hearings to submit to the attorneys. Attorneys need to see the actual printout, not a summary of the results in the court report.
3. If the client requests their drug test results and the client is involved in a juvenile court case, the caseworker will check with the assigned Assistant Attorney General before releasing a copy of the test results to the client.

J. Test Results.

1. Dilute test results, as well as no-shows, should trigger fact-finding. They alone should not result in the removal of children from their home. Actions/sanctions may be indicated before considering the removal of the child/children. Children should only be removed on the basis of a safety assessment. If the client has a medical reason for the dilute test result, like being diabetic or prediabetic, and the medical reason is verified by a doctor, the dilute may be acceptable (need to look at the creatinine levels and the specific gravity to determine if the dilution is caused by this. The contracted drug testing provider can help with this). If the fact-finding indicates that the dilutes and no-shows are the results of a relapse AND the safety assessment indicates that the children are unsafe at home, a removal may be indicated.
2. When a client receives a positive drug test result, the caseworker will:
 - a. Discuss the results in a timely manner with the client, giving the client the opportunity to explain the results:
 - (1) Is the substance found in the sample the result of a valid prescription? (-> check the prescription.)
 - (2) Is it part of the client's medication-assisted drug treatment, such as methadone or suboxone?

(3) Is the client admitting to the drug use? If not, do they have a possible explanation for the result?

b. Contact the drug treatment provider and get a report if the client is in drug treatment.

c. Share the test result together with the caseworker's findings with the court.

d. Request an Order to Show Cause with the court, if the positive/dilute test results or no-show pattern do not have a valid reason.

e. If the client has custody of the children or unsupervised visits, the caseworker must assess the children's safety and take necessary actions to protect them. As mentioned above, children are not removed based on a positive test, but on the basis of a safety assessment and staffing the situation with other key team members. THE REMOVAL OF A CHILD OR SUSPENSION OF VISITS TO PUNISH A PARENT FOR A POSITIVE TEST RESULT IS NOT ACCEPTABLE.

3. It is important that caseworkers (and the court) understand that relapse is part of a drug addict's recovery process. A relapse does not necessarily mean that the client is failing their recovery; it may be a hiccup in their road to recovery. It is important for caseworkers to work closely with the client and the treatment providers to figure out how to help the client get back on track. If the client is unable or unwilling to resume their treatment or cooperate with Child and Family Services on a recovery plan, the team needs to re-evaluate the goals set for this case.

K. Drug Testing Children/Youth.

1. Children receiving services from Child and Family Services may be asked to submit to drug tests, if deemed necessary. As with adults, it is important to consider the impact of drug testing on children before deciding to refer them to test. Is drug testing necessary or are there other ways to obtain evidence, to monitor, or to deter?

2. There are two main purposes for drug testing children:

a. When a child is suspected of using drugs themselves; and

b. When a child may have been exposed to drugs by a third party (usually their parents). For this latter purpose, a hair test is usually performed, which provides a longer detection window.

3. As with adults, it is important for the caseworker to discuss the purpose and consequences of drug testing with children and explain the collection process. The child's age and cognitive abilities need to be taken into

consideration when deciding what to say. Children often have questions they need to ask. This may help reduce anxiety that children feel in anticipation of these tests.

4. While the urinalysis sample collection for adults is by default observed by a third party, the collection will NOT be observed for children under 18 years of age, unless requested by the caseworker. Many children receiving services from Child and Family Services have been victims of abuse; being observed by a stranger while having to produce a urine sample can be traumatizing. Therefore, it was decided to leave out the observation when testing children. However, if caseworkers suspect that the youth could be tampering with the sample, they can specify that this youth must be observed during the collection on the Drug Testing Referral form (comment section).

5. Children must show a valid ID when going to test. A school ID is accepted. If no ID is available, the caseworker or caregiver can vouch for the identity of the child.

6. Children in the custody of Child and Family Services do not need the parents' consent to be tested. The parents, however, must be informed of the drug testing results. If there are valid reasons to not share the results with the parents, the caseworker will discuss the reasons with the supervisor and document them in the file.

7. Drug testing will not be used as a punishment by out-of-home caregivers or caseworkers. Drug testing should not be the foster parent's decision and requires caseworker approval.

L. Coordination and Collaboration.

1. If clients are testing for other agencies or programs, the caseworker needs to coordinate with these agencies/programs to try to avoid duplicate testing. These agencies may include probation, drug court (juvenile or felony drug court), and drug treatment providers. It is a waste of tax dollars and a burden on the client to perform duplicative drug tests.

2. The caseworker will request the client to sign a release in advance to allow agencies to share drug test results and avoid duplicate testing. The caseworker needs to contact these agencies and service providers to discuss how to best manage drug testing and sharing of results. It is in everyone's best interest to collaborate closely among agencies to help a client's recovery from addiction.

M. Obtaining a Utah Controlled Substance Database Report from DOPL.

1. Caseworkers who suspect their client of misusing prescription medications can request a Utah Controlled Substance Database report from DOPL, which shows this person's prescription history and can help

1639 identify potential cases of drug over-utilization and misuse of controlled
1640 substances. DOPL reports are an effective tool to help determine
1641 whether this person is "doctor shopping" and going to more than one
1642 pharmacy, which would be a sign of prescription medication abuse and
1643 possible addiction.

1644 2. The caseworker will ask the client to sign the form "AUTHORIZATION TO
1645 RELEASE INFORMATION FROM UTAH'S CONTROLLED SUBSTANCE
1646 DATABASE PROGRAM", have it notarized, and mail it to DOPL. If the
1647 client refuses to sign the release discuss options with the Attorney
1648 General's office. Utah Code Ann. Section §58-37f-302(2) prohibits
1649 database information from being accessed by "discovery, subpoena, or
1650 similar compulsory process", which means that a client cannot be forced
1651 or ordered to release this data.

1652 3. The caseworker may also want to accompany the client to the DOPL
1653 office to obtain a report (the DOPL office located in Salt Lake City).

1654 4. Confidentiality is critical. The client's DOPL report cannot be shared with
1655 anybody, except with the AAG and GAL if their names are included on the
1656 release. DOPL reports and copies of it cannot be given to therapists,
1657 treatment providers, or other attorneys, and it cannot be attached to
1658 court reports, given to the court, given to the parents, used in mental
1659 health or substance abuse assessments, distributed in discovery or
1660 GRAMA requests, or used as an exhibit at a hearing or trial.

1661
1662 **N. Medication-Assisted Drug Treatment.**

1663 1. The Department of Human Services supports the use of medication-
1664 assisted drug treatment (such as Methadone, Suboxone, and Vivitrol). The
1665 Department of Human Services does not approve blanket bans on
1666 medication-assisted drug treatments.
1667